Question #	Section Name	Paragraph #/Title	Page #	Question	Response
1.	Proposal Due Date		1	Can the response deadline be extended to April 25, 2008 in order to prepare a better response?	Based on the overwhelming request for extension and interest in the solution for the extremely important piece of a HIE, the response deadline has been extended to 3:00 P.M. M.S.T. on May, 5, 2008. While this may delay our go-live date, we feel that the overall value of providing an extension for the Medication History component is essential for the success of a State wide HIE. Please refer to page 9, question 27 for details on the scope of work. Note, this RFP is soliciting vendors to provide the Medication history at the point of care and not an entire EHR solution.
2.	Notice of Request for Proposal	Description P.1		Is there was any flexibility around the March 28th deadline to submit questions concerning the solicitation?	No. While we appreciate the tight timeline, our project schedule requires we continue with the original schedule.
3.	General	"Offshore" provision in the Uniform Terms and Conditions section, #30, page 38.	38	Our company offers broad spectrum of IT services and solutions across drug discovery life cycle ranging from Therapeutic Target Identification to Phase 3 clinical studies over 8 yrs. Fortunately it happened for us to come across your RFP on 'Medication History Software' today. We are more than willing to take up this opportunity and respond with a proposal with in the stipulated time. The page # 3, Offer and Acceptance document has given us the impression that offerer should belongs to Arizona	Per the "Offshore" provision in the Uniform Terms and Conditions section, #30, page 38, a Bangalore-based company is not eligible to respond.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
				state of USA. I kindly request you to clear the air and let us know whether we are eligible for bidding in this RFP.	
4.	General			What vendor currently manages your Medicaid administrative transactions?	AHCCCS manages this function internally. Please note: administrative transactions are outside the scope of this RFP.
5.	Notice of Intent to Issue a Solicitation	NA	1-3	Can you share with us the budget you have for this portion (medication history) of the project?	Please see Q13 and Q14 of this document.
6.	Offer and Acceptance	Offer	3	Is an Offeror required to be registered to do business with the State before they can submit a proposal?	The selected vendor is required to register on the Spirit system any time before the contract begins.
7.	AHCCCS Overview		4	Are you seeking to make this available only on Medicaid patients or on all patients being treated?	Enabling Medication History data for all AHCCCS Medicaid patients is a requirement. Due to the transient enrollment of the Medicaid population, it is anticipated that providing 12 months of contiguous data will be challenging without including the non-Medicaid population. In addition, AHCCCS is not willing to fund additional complexity that may be required in order to filter data to exclude non-Medicaid patients.
8.	AHCCCS Overview		4	Do you presently have medication claim records on Medicaid patients?	Medication claims are available in our Data Warehouse for internal use only. It is not anticipated that the Warehouse will serve as a source for the Medication History vendor or act as a Data Provider to the HIE.
9.	AHCCCS Overview		4	If so, may they be viewed remotely on a terminal or PC device?	Reports on this data may be generated from remote PCs for internal agency purposes, assuming proper access/ authentication has

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					occurred.
10.	Scope of Work	2. HIeHR Project Overview	4	Will the patient records accessed via the HIeHR utility reside with AZ Medicaid or be provided by multiple Data Providers?	The AHCCCS HIE in Phase I is a federated model, with each Data Provider storing and managing their own data. The Data Provider will respond to a web service request in real time when a Provider at the Point of Care requests a record from the Viewer. In future phases, a centralized repository for AHCCCS patients only is under consideration.
11.	HIeHR Project Overview	2.2.2 (under Project Goals)	5	How are the phases of deployment determined (by geography)?	To date, both Data Providers and End Users have been selected based on the concentration/location of the AHCCCS member population.
12.	2.3 Scope of Work	Purpose/Scope of Services	6	Assuming a vendor is selected for this medication history software RFP would it be possible for another vendor to be chosen for the balance of the HIE that you seek?	RFP Solicitation Number YH07-0057 has already been awarded for Electronic Health Record and Health Information Exchange IT staffing. As other needs are identified, appropriate vendors will be solicited following the State-approved process. Any such solicitation will be posted on the AHCCCS web site at www.azahcccs.gov.
13.	Scope of Work	2.3 Purpose/Scope of Services	6	Of the $11.7M funding from CMS, how much is allocated to this RFP and for what duration?	No funds have been allocated for this RFP as it was originally envisioned that the Medication History solution would be included in the operational costs. Specific amounts from the grant have not been earmarked for this product. As noted on pages 28-30 of the RFP, cost is one of the key criteria that will be used when evaluating the submitted proposals.
14.	Scope of Work	2.3 Purpose/Scope of Services	6	Are there provisions for continued funding beyond the CMS grant? If so, what are the source(s), amount and duration?	The Medication History solution will be available for the Pilot period and up to one (1) year following deployment. Re-evaluation will occur at that time and contract extension offered based on successful vendor performance during that time. The RFP requests five-year pricing in order

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					that we may anticipate budget requirements in subsequent years.
15.	Scope of Work AND Exhibit B	2.3 Purpose/Scope of Services AND Q29	6 62	2.3 states that the scope is limited to *member health care for the Arizona Medicaid Program*, AHCCCS. Q29 states that the 12 months data are for *any patient regardless of payer/ health plan* during the 12 months. What patient population(s) will be included in the Medication History data?	The AHCCCS Medicaid population is the target group of patients. However, AHCCCS delegates the management of this population to a number of Health Plans operating in the State. Each Health Plan has selected its preferred PBM. Please see Q7 of this document.
16.	Scope of Work	2.3 Purpose/Scope of Services	6	Will the vendor selected for Phase I automatically be considered for Phases II and III? If not, will subsequent Phases require separate solicitations and responses?	Based on performance in Phase I, the selected vendor will likely be considered, but not automatically selected, for subsequent phases. Separate solicitations and responses may be required.
17.	Scope of Work	Purpose and Scope of Services	6	When will phase 1 start and stop?	Phase I is underway, having officially "kicked off" in May 2007. Deliverables for Phase I as noted in the RFP include the establishment of the HIE with a web-based Viewer. Phase I will continue indefinitely based on the findings of the Pilot and first year of use.
18.	Scope of Work	Purpose and Scope of Services	6	How will lab results be included? Are they in the scope of the medication history vendor response?	In general, this is not a requirement for the Medication History vendor. Please also see Q60 of this document.
19.	Scope of Work	Purpose and Scope of Services	6	How will Discharge Summaries be included? Are they in the scope of the medication history vendor response?	In general, this is not a requirement for the Medication History vendor. Please also see Q60 this document.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
20.	Scope of Work	Purpose and Scope of Services	6	How will Advance Directives be included? Are they in the scope of the medication history vendor response?	Advance Directives were described as a record type to be implemented in Phase I. This is now out of scope for Phase I. It has no effect on these vendors.
21.	Scope of Work	Purpose and Scope of Services	6	Can you please provide AHCCCS' definition of an EHR?	An aggregate electronic record of health-related information on an individual that is created and gathered cumulatively across more than one health care organization and is managed and consulted by licensed clinicians and staff involved in the individual's health and care.
22.	Scope of Work	Purpose and Scope of Services	6	On page 6 the RFP describes the notion of publishing information via HL7, CCD, and NCPDP through the exchange. It is understood that AHCCCS could incorporate the CCD into a 12 month view for the user, but how is it envisioned that AHCCCS would display a 12 month view if it is sent as an HL7 message? Is it accurate that the medication repository vendor accept the medications via these preferred standards and then make them available to AHCCCS via a Web Service?	Please see Q29 and Q63 of this document.
23.	Scope of Work	Last paragraph	6-7	What is the anticipated timeframe for AHCCCS to offer e-Prescribing?	Arizona Health-e Connection, a multi-organizational steering committee, is leading a statewide e-Prescribing initiative that began in January of this year. AHCCCS supports and will actively participate in this two-year effort. A specific implementation timeline is not yet in

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					place.
24.	Scope of Work	Last paragraph	6-7	Does the vendor that provides medication list need to be the same vendor that will provide ePrescribing?	No. However, the RFP asks each vendor to describe the advantages to AHCCCS, if any, should they be ultimately considered for both solutions. Please see Q31 of the RFP.
25.	HIeHR Project Overview	2.3 Purpose/Scope of services	6-8	Please confirm whether the architecture for HIeHR is going to be centralized or federated.	Please see Q10 of this document.
26.	HIeHR Project Overview	2.5 The HIeHR Utility	7	What are the functionalities already present with the HIeHR utility, or will be present prior to the Medication History? What are the software packages, versions and vendors?	The functionalities were developed by AHCCCS in the .NET environment and leveraging Microsoft technology such as database, etc. The Record Locator Service (RLS), Patient Index, Gateway software, Viewer and Viewer Administration will be in place prior to the Medication History integration. It is also expected that Data Providers for sharing Discharge Summary and Laboratory Results will have completed their implementation.
27.	2.6 Scope of Work	Health Information Exchange (HIE)	8	To what extent are you using MA-Share software and how do you expect solicited vendors to interact with this software?	The MA-SHARE software is providing foundational components for the Health Information Exchange infrastructure. Solicited vendors will be interfacing with the exchange using industry standard formats and technologies as noted in the RFP: The Medication History vendor, as a component of the HIeHR Utility, will integrate with the Exchange and actively publish indices of available records (Step 1 of diagram, Page 9). The vendor also must provide a mechanism for Health Service Providers to locate and view available

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					Medication History for selected Patients. In this manner, the key integration points for the vendors under consideration are: 1) Using web services, publish to the RLS when medication history exists for a Patient, and 2) Respond to all web service requests from the HIE for a patient's medication history records by returning all medication history data using industry-standard formats.
28.	HIeHR Project Overview	2.6 Health Information Exchange	8	Can you provide more details about the "functionality" provided by the MA-SHARE software? Further, can you provide details of the specific enhancements that will be done for AHCCCS?	Please see Q27 of this document. Modifications for AHCCCS include the addition of a Viewer and integration of Patient-Linking algorithms to the RLS.
29.	HIeHR Project Overview	2.7 HIE High level functional architecture	9	Can you provide messaging formats that will be used between the Clinical System and the RLS, and the query message formats issued by the Viewer to the Clinical System and the response message formats issued by the Clinical System to the Viewer?	For publishing to the RLS – HL7 v3.0 For the web service response – CCD Specifications will be provided to the selected vendor following the award/contracting activities.
30.	HIeHR Project Overview	2.7 HIE High level functional architecture	9	What are the parameters used for the patient search? Will a common, unique identifier be assigned? Please expand on the logic used to match patients.	In Phase I, the following criteria are used for the Patient search: Last Name, First Name, Date of Birth, Gender and AHCCCS ID. As noted in Q36 of this document, the algorithms used are proprietary. For the purposes of this RFP, the Search function is applied against the metadata published to the RLS. When the Medication History record type is selected for viewing, a web service request from

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					the Viewer is initiated. This request, incorporating the Record ID for Medication History belonging to the patient of interest, is transmitted to the vendor system in real time.
31.	HIeHR Project Overview	2.7 HIE High level functional architecture	9	What is the frequency of refresh for the feed from data providers to RLS? Who will be responsible for managing these messages?	It is desired that the integration with each Data Provider is transaction-based and occurring in real time. As noted in Q40 and Q54 of this document, it is expected that the hosting vendor is responsible for managing these messages.
32.	HIeHR Project Overview	Overall: HIE High level functional architecture	9	Kindly share existing documentation of the system's architecture.	Additional documentation will be shared with the vendor who is awarded this contract.
33.	HIeHR Project Overview	Overall: HIE High level functional architecture	9	Please share the back-up/recovery and fail-over/load-sharing requirements.	As noted on Page 66 of the RFP, the solution must be available 24x7x365. AHCCCS desires each vendor submitting a proposal to describe the back-up/recovery and fail-over/load-sharing policies that will ensure high availability.
34.	Scope of Work	2.7 HIE High Level Functional Architecture	9	What data fields will be required when publishing indices of available records?	The metadata required for publishing to the RLS includes: ▪ For the Patient: Last Name, First Name, DOB, Gender, Zip Code, System Patient Identifier. ▪ For the Record: Record ID, Type, Descriptor, Date of Service. Details will be finalized with the selected vendor during implementation.
35.	Scope of Work AND Exhibit C	2.7 HIE High Level Functional Architecture	9	2.7 indicates that the key functionalities to be provided by the vendor system are web services to publish to the HIE's RLS and to respond to requests for a patient's medication history. However, in Exhibit C, there are	The preferred approach is for the vendor to publish to the RLS and respond to a web service request for Medication History data, leaving the display, sort, print to the HIE Viewer. However, research shows that not all vendors may be ready to interface with the Exchange in this manner. We wish to consider alternative approaches proposed

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
				functional requirements such as to "display," "sort," "print" and "capture" patient medication data. Is the vendor system expected to only provide backend web service to the HIE and enable the HIE viewer to provide end user interface functionality? Or, is the vendor system required to also develop/provide any user interface such as a web site?	by these vendors. In this manner, the display, sort, print capability may be managed by the vendor in those instances.
36.	HIE High Level Functional Architecture	HIE Data Flow	9	Is AHCCCS providing EMPI service? If so, can you indicate the product?	The algorithms used for Patient matching in Phase I have been developed by AHCCCS. Please see also Q26 and Q48 of this document.
37.	HIE High Level Functional Architecture	HIE Data Flow	9	Is AHCCCS providing the Record Locator Services?	Yes. Please see also Q26 and Q48 of this document.
38.	HIE High Level Functional Architecture	HIE Data Flow	9	Is AHCCCS handling patient context? For example when the user moves from one patient to the next, does AHCCCS handle the flow, ie CCOW?	There is no concept of context in the HIE. The tool allows the user to locate and view information for a specific patient one at a time.
39.	HIE High Level Functional Architecture	HIE Data Flow	9	Is AHCCCS open to either a hosted or installed solution?	There is a preference for the vendor to host this solution.
40.	HIE High Level Functional Architecture	HIE Data Flow	9	Will AHCCCS be handling the data sharing agreements among system users and data contributors?	AHCCCS manages the agreements between Data Providers and the HIE. The selected vendor for this RFP will be one of several Data Providers. As noted in Q54 of this document, the Medication History vendor is expected to manage their relationships with data suppliers.
41.	HIE High Level	HIE Data Flow	9	How will the user population	The Viewer is web-based and will be accessed

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
	Functional Architecture			interact with the AHCCCS viewer at the point of care? For example, through the internet, integrated to their PMS/EMR system?	over the Internet.
42.	Scope of Work	HIE High Level Functional Architecture	9	Can you describe in detail the role AHCCCS will fulfill in steps 1 through 7 of the diagram on page 9?	AHCCCS is providing the Record Locator Service (RLS), Patient Index, Gateway configuration, Viewer and Viewer Administration tools, essentially covering Steps 2-7 of the diagram. From the RFP: As described above, the Medication History vendor, as a component of the HIeHR Utility, will integrate with the Exchange and actively publish indices of available records (Step 1 of diagram). The vendor also must provide a mechanism for Health Service Providers to locate and view available Medication History for selected Patients (Steps 2-7 describe the User interaction with the Viewer). In this manner, the key integration points for the vendors under consideration are: a) Using web services, publish to the RLS when medication history exists for a Patient, and b) Responding to a web service request for a patient's records by returning all medication history data using industry-standard formats.
43.	Scope of Work	HIE High Level Functional Architecture	9	Is AHCCCS responsible for development and maintenance of the user interface/viewer?	Yes.
44.	Scope of Work	HIE High Level Functional	9	On page 9, if AHCCCS is providing RLS and EMPI services	In the diagram which references the preferred approach to HIE integration, the Medication

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
		Architecture		won't the viewer need to facilitate steps 2-5? Does Medication vendor provide steps 6-7? If inaccurate, please describe the responsibilities of AHCCCS and Medication vendor in more detail in steps 1-7.	History vendor is responsible for Steps 1 and 8.
45.	HIeHR Project Overview	5.3 Technical and General system requirements/ Interoperability/ Secure Data Exchange	11	What security protocol is being used at AHCCCS today? Are there any changes anticipated as a result of this implementation? Recommendations, if any?	Security protocols for the HIE include HTTPS for in-transit encryption, single factor authentication for user logon, audit logging of Viewer and System Administration activity and a full suite of network security tools (firewalls, intrusion detection, etc.). No changes are anticipated as a result of adding Medication History to the HIE as a record type.
46.	Pricing Schedule	Overview	12	Is there a preference as to the business model? PMPM? One time license + Support? Transactional?	There is no preference.
47.	Pricing Schedule	Additional Planning Assumptions, Row 4	13	Please confirm your intent to host the environment for this system as well as support and maintain the environment.	Our expectation is that the maintenance of the Medication History messages and transactions will require the selected vendor to host their proposed solution, acting as a Data Provider to the HIE.
48.	Pricing Schedule— Assumptions	Last item in second table	13	Please confirm that the clinical viewer patient index and Record Locator Service (RLS) are being provided by AHCCCS and are not part of the vendor offering for medication history.	This is correct. Please see also Q26 of this document.
49.	Pricing Schedule	1.2	16	The RFP asks for additional modules. This list could be fairly lengthy. Are you referring to	The RFP is asking the vendor to detail their proposed solution for the Medication History (core functionality) and to also price other

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
				specific options of medications or an HIE in general? As an example, do you want immunizations, lab results, radiology reports, etc. as optional components? Adding that broad base of options requires a much more detailed list of questions around source systems and volumes.	optional modules. It is expected these optional modules would be related, perhaps augment, but not necessarily be required for the solution to be installed. Such modules/functionality should be detailed in 1.2.
50.	Special Terms and Conditions	30. Term of Contract and Option to Renew AND 31. Termination – Availability of Funds	52	30.1 states that the contract **shall** be for one year with four one-year options to extend for not more than a total of five years. 31. states that funds are not presently available beyond the current fiscal year. Please clarify the current availability of funds and the duration of these funds. Also, will the grant funding cover one or two contract years?	Please see Q14 of this document.
51.	Instructions for Completion	General Instructions	55	Would you prefer the responses within the same table structure they came in or is it preferred that longer answered be pulled from the existing table structure of the RFP.	Yes, it is preferred that the responding vendors utilize the table structure provided.
52.	Exhibit B	Q28	62	Can the vendor expect the medication history data to be provided by Medicaid/Payor/Health plans to the vendor system's centralized location? If not, please further	AHCCCS may be able to facilitate the receipt of Medication History data from AHCCCS-contracted payers. It is preferred that vendors have relationships that have been previously established with their data suppliers.

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
				clarify.	
53.	Exhibit B AND Exhibit C	Q29 AND F.2.2	62 AND 70	F.2.2 refers to the ability to capture and display from four different data sources. Does the term "capture" mean this is a de-centralized system setup? Will these data come from each individual pharmacy source's system or from any fiscal agents or intermediary entities?	We want the vendor to tell us the sources of their Medication History data so we can understand the gaps, if any.
54.	Exhibit B, 34.4 Interfaces	34.4.4 Daily or more frequent updates to medication history from PBM or pharmacy sources	63	What PBMs are you currently engaged with? What pharmacies do you anticipate participating in this project? What hospital pharmacy systems will be integrated with the AHCCCS system?	AHCCCS is not directly engaged with any of the PBMs, except for RxAmerica for fee-for-service members. Each Health Plan for Acute Care and/or Long Term Care manages its own contract/relationship with the PBM of their choice. A list of the AHCCCS plans can be found on the AHCCCS website. It is expected that the selected vendor will establish relationships with either the Plans or PBMs to secure the Medication History data in a timely manner.
55.	Exhibit C – Business Functional Requirements Questionnaire	Medication History Detail F.1.1	68	How many sources of medication history are there and who are the sources of med history, for example, Medco, Caremark etc?	Please see Q54 of this document.
56.	Exhibit C – Business Functional Requirements Questionnaire	Medication History Detail F.1.1	68	How often will/can medication sources contribute data?	Please see Q31 of this document.
57.	Exhibit C- Business/Functional Requirements Questionnaire	F.1.1	68	How does AHCCCS envision matching patients in their RLS to the Medication Repository?	It is expected that a record identifier will be published to the RLS along with other Patient metadata. See also Q30 and Q36 of this document. This record ID will be included in the Viewer's web service request to the Medication

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					History vendor for data relating to a specific Patient.
58.	Exhibit C	F.1.6	69	What is meant by "erroneously captured" medications? Can you provide an example?	Reversal transactions received from the PBMs must be managed appropriately. Examples may include claims initially submitted in error or claims initially submitted for the wrong patient.
59.	Exhibit C-Business Requirements Questionnaire	F.1.8	69	If AHCCCS is providing the user interface, isn't that a function AHCCCS will need to perform?	Please see Q35 of this document.
60.	Exhibit C-Business/Functional Requirements Questionnaire	F.1.7	69	Please clarify the term 'other clinical data' in this question.	Research reveals that a Medication History vendor may provide additional clinical data along with the Medication History detail. If this is the case, additional information regarding the clinical data available as part of the proposed solution is desired.
61.	Exhibit D AND Pricing Schedule	T.1.3 AND 2. ASSUMPTIONS	71 AND 12	T.1.3 indicates that the vendor system needs to manage the patient consensus, however, on page 12, under the general ASSUMPTIONS section, HIT users and logging of requests/viewing of medication history are assumed to be managed by AHCCCS. Is the patient consensus expected to be managed by the vendor system?	In certain vendor product architectures, management of the patient consent function may exist and use of this capability may be a preferred approach. Patient consent is not currently managed by AHCCCS, but rather by each participating Data Provider (VIP, request for privacy, secure diagnoses, etc.). Please see also Q62 of this document.
62.	Exhibit D – Technical Requirements Questionnaire	T.1.3.1.1	71	Will AHCCCS give an indicator to vendor that a patient has opted out of the system so vendor doesn't pull medication history from source systems?	The current model for consent management, beyond that offered by the Data Providers (See also Q61 of this document), is to provide Patient notification. In this manner, no indicator is communicated by AHCCCS to the Data Providers. When and if such an indicator becomes available, it is desired that the Medication History

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
					vendor is available to integrate this approach into their solution. Item T.1.3.1 and related sub-items of the RFP explore the detail regarding how your solution is able to handle various consent models.
63.	Exhibit D – Technical Requirements Questionnaire	T.3.3	73	In what format can medication sources contribute data? HL7 Messaging? Batch data file transfers? Etc.	AHCCCS has requirements about the message formats between the selected Medication History vendor and the HIE. See Q29 of this document. Formats for the data received from the data supplier(s) are negotiated between the vendor and the source.
64.	Exhibit D	Q67	75	Is the Offeror required to have a master patient index (MPI) or will the RLS be providing that function?	The RLS and supporting components of the HIE will provide that function.
65.	Exhibit E- Implementation Questionnaire	Planning Assumptions	76	Are expectations that the medication function will also be available 6/18/08 or by 8/18/08? It's unclear if the "Beta" use is simply the AHCCCS RLS and portal service or if medications will need to be a portion of that two month beta project.	Yes, that is what is currently planned. It is expected that the responding vendors will identify issues with this strategy from their perspective. Please note that a sample Implementation Plan is requested in Q70 of the RFP. The sample implementation plan should include an estimated completion date.
66.	Exhibit E- Implementation Questionnaire	Planning Assumptions	76	Does AHCCCS have the data with which the medication history will be derived?	We are looking to the vendor to obtain the data.
67.	Exhibit E- Implementation Questionnaire	Planning Assumptions	76	Are you looking for a pre-built solution or one that will be developed for this project?	While our expectations have been that we would find a readily available solution, we are not opposed to one being built, as long as it's done within the constraints of low cost and speed to delivery.
68.	Exhibit E- Implementation	Planning Assumptions	76	Will there be a 'pilot' for Medication History? Has	As noted on Page 13, there will be an initial Pilot phase that is estimated to last a minimum of two

Question #	Section Name	Paragraph #/Title	Page #	Question	Response
	Questionnaire			AHCCCS identified a user population?	months. This includes a Proof of Concept (POC) period that includes User Acceptance Testing by a small group of Providers. Assuming a successful POC, the Pilot will expand to 100 users for the remainder of the Pilot period.